## COMBINED DECLARATION AND POWER OF ATTORNEY FOR UTILITY PATENT APPLICATION

Attorney's Docket No.

(if applicable)

005950-720

| As a below-named inventor, I hereby declare   | e that:           |        |                                             |    |
|-----------------------------------------------|-------------------|--------|---------------------------------------------|----|
| My residence, post office address and citizen | nship are as stat | ed bel | ow next to my name;                         |    |
| I BELIEVE I AM THE ORIGINAL. FIRS             | T ÂND SOLE        | INVE   | ENTOR (if only one name is listed below) OR | AN |
| · · · · · · · · · · · · · · · · · · ·         |                   |        | name is listed below) OF THE SUBJECT MAT    |    |
| WHICH IS CLAIMED AND FOR WHICH                | •                 |        | •                                           |    |
| Use of Oxygen Analysis by GC-AED for Co       | ontrol of Fischer | r-Trop | sch Process and Product Blending            |    |
|                                               |                   |        |                                             |    |
| the specification of which                    |                   |        |                                             |    |
| (                                             | check one)        | X      | is attached hereto;                         |    |
|                                               |                   | П      | was filed on                                | as |

I HAVE REVIEWED AND UNDERSTAND THE CONTENTS OF THE ABOVE-IDENTIFIED SPECIFICATION, INCLUDING THE CLAIMS, AS AMENDED BY ANY AMENDMENT REFERRED TO ABOVE;

Application No.

and was amended on

I ACKNOWLEDGE THE DUTY TO DISCLOSE TO THE OFFICE ALL INFORMATION KNOWN TO ME TO BE MATERIAL TO PATENTABILITY AS DEFINED IN TITLE 37, CODE OF FEDERAL REGULATIONS, Sec. 1.56 (as amended effective March 16, 1992);

I do not know and do not believe the said invention was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to said application; that said invention was not in public use or on sale in the United States of America more than one year prior to said application; that said invention has not been patented or made the subject of an inventor's certificate issued before the date of said application in any country foreign to the United States of America on any application filed by me or my legal representatives or assigns more than twelve months prior to said application;

I hereby claim foreign priority benefits under Title 35, United States Code Sec. 119 and/or Sec. 365 of any foreign application(s) for patent or inventor's certificate as indicated below and have also identified below any foreign application for patent or inventor's certificate on this invention having a filing date before that of the application(s) on which priority is claimed:





## COMBINED DECLARATION AND POWER OF ATTORNEY

Attorney's Docket No. 005950-720

| _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                        |                                      |                                       |                     |                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------|--------------------------------------|---------------------------------------|---------------------|------------------------------------------------------------------------------------------------------------------------|
| COUNTRY/INTERNATIONAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | APPLICATION NUMBER                  |                                        | DATE OF FILING<br>(day, month, year) |                                       | PRIORITY<br>CLAIMED |                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                        |                                      | _                                     | YES_                | NO_                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                        |                                      |                                       | YES                 | NO                                                                                                                     |
| I hereby appoint the following<br>and Trademark Office connecte<br>international applications direc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ed therewith and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | d to file, prose                    | secute said appli<br>ecute and to tran | cation an                            | d to transact all ousiness in conne   | business in t       | he Patent                                                                                                              |
| Robert S. Swecker         19,885         James W. Peterson         26,057         Todd R. Walters         34,04           Platon N. Mandros         22,124         Teresa Stanek Rea         30,427         Ronni S. Jillions         31,97           Benton S. Duffett, Jr.         22,030         Robert E. Krebs         25,885         Harold R. Brown III         36,34           Norman H. Stepno         22,716         William C. Rowland         30,888         Allen R. Baum         36,03           Ronald L. Grudziecki         24,970         T. Gene Dillahunty         25,423         Brian P. O'Shaughnessy         32,74           Frederick G. Michaud, Jr.         26,003         Patrick C. Keane         32,858         Kenneth B. Leffler         36,07           Alan E. Kopecki         25,813         Bruce J. Boggs, Jr.         32,344         Fred W. Hathaway         32,23           Regis E. Slutter         26,999         William H. Benz         25,952         Wendi L. Weinstein         34,45 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                        |                                      |                                       |                     | 33,815<br>34,040<br>31,979<br>36,341<br>36,086<br>32,747<br>36,075<br>32,236<br>34,456<br>34,576<br>3,603;<br>Reg. No. |
| ddress all correspondence to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | P.O. Box                            | OOANE, SWECKI                          |                                      | THIS, L.L.P.                          |                     |                                                                                                                        |
| Address all telephone calls to: Melissa M. Hayworth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                        | at (919) 941-9240.                   |                                       |                     |                                                                                                                        |
| I hereby declare that all statements and belief are believed to be truents and the like so made are States Code and that such willf thereon.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ie; and further to punishable by the second | that these state<br>fine or imprise | ements were madenment, or both         | de with tl<br>, under S              | he knowledge that<br>ection 1001 of T | at willful fals     | e state-<br>United                                                                                                     |
| FULL NAME OF SOLE OR FIRST II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NVENTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     | SIGNATURE                              | <del></del>                          |                                       | DATE                |                                                                                                                        |
| Andrew Rainis RESIDENCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                        |                                      | CITIZENSHIP                           |                     |                                                                                                                        |
| 50 Hanson Lane, Walnut Creek CA 94956                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                        | USA                                  |                                       |                     |                                                                                                                        |
| POST OFFICE ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                        | L                                    |                                       |                     |                                                                                                                        |
| same as above FULL NAME OF SECOND JOINT IN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | IVENTOD TE ANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | v 1                                 | SIGNATURE                              |                                      |                                       | DATE                |                                                                                                                        |
| Dennis J. O'Rear                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | TENIOR, IF AN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>,</b>                            | SIGNATURE                              |                                      |                                       | DATE                |                                                                                                                        |
| RESIDENCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                        |                                      | CITIZENSHIP                           |                     |                                                                                                                        |
| 40 Upland Drive, Petaluma CA 94952                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                        |                                      | USA                                   |                     |                                                                                                                        |
| POST OFFICE ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                        |                                      |                                       |                     |                                                                                                                        |
| same as above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                        |                                      |                                       |                     |                                                                                                                        |

| L                                                                                                                                                                                                                                                                                                                                                                                          | COMBINED DECLARATIO                                                                                                        | N AND POWER OF ATTOR                                                                                                            | RNEY                                                                                                                                   |                                                                                      |                           |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------|--|--|--|
| As a below named inventor, I hereby declare that My residence, post office address, and citizenship I BELIEVE I AM THE ORIGINAL, FIRST, AND SO than one name is listed below) OF THE SUBJECT                                                                                                                                                                                               | LE INVENTOR (if only one i                                                                                                 | name is listed below) OR AN                                                                                                     | I ORIGINAL, FIRST, AND JO<br>ATENT IS SOUGHT ON THE                                                                                    | INT INVENTOR (                                                                       | (ıf more                  |  |  |  |
| Entitled OXYGEN ANALYSIS BY GC-AED FOR CONTROL OF FISCHER-TROPSCH O PE PROCESS AND PRODUCT BLENDING                                                                                                                                                                                                                                                                                        |                                                                                                                            |                                                                                                                                 |                                                                                                                                        |                                                                                      |                           |  |  |  |
| the specification of which (check one APR 0 3 2002 &                                                                                                                                                                                                                                                                                                                                       | [ ] is attached hereto.                                                                                                    |                                                                                                                                 |                                                                                                                                        |                                                                                      |                           |  |  |  |
| TRADE (KOND) III                                                                                                                                                                                                                                                                                                                                                                           | · · · · · · · · · · · · · · · · · · ·                                                                                      | , 2002 as U.S. Serial <b>N</b> o. 10                                                                                            | 0/047,015                                                                                                                              |                                                                                      |                           |  |  |  |
| I HAVE REVIEWED AND UNDERSTAND THE CO<br>ANY AMENDMENT REFERRED TO ABOVE:                                                                                                                                                                                                                                                                                                                  | INTENTS OF THE ABOVE-                                                                                                      | IDENTIFIED SPECIFICATION                                                                                                        | ON, INCLUDING THE CLAIM                                                                                                                | IS, AS AMENDED                                                                       | ) BY                      |  |  |  |
| I ACKNOWLEDGE THE DUTY TO DISCLOSE INF WITH TITLE 37, CODE OF FEDERAL REGULATI IS best served, and the most effective patent exami teachings of all information material to patentability good faith in dealing with this Office, which includes in this section. The duty to disclose information exi application becomes abandoned"                                                      | ONS, Sec 1 56(a) which sta<br>nation occurs when, at the ti<br>Each individual associated<br>a duty to disclose to the Off | tes "A patent by its very nat<br>me an application is being e<br>with the filing and prosecuti<br>fice all information known to | rure is affected with a public in<br>xamined, the Office is aware<br>on of a patent application has<br>that individual to be material. | nterest The public<br>of and evaluates to<br>a duty of candor<br>to patentability as | ic interest<br>the<br>and |  |  |  |
| I hereby claim foreign priority benefits under Title 35, United States Code Sec. 119 and/or Sec. 365 of any foreign application(s) for patent or inventor's certificate as indicated below and have also identified below any foreign application for patent or inventor's certificate on this invention having a filing date before that of the application on which priority is claimed. |                                                                                                                            |                                                                                                                                 |                                                                                                                                        |                                                                                      |                           |  |  |  |
| COUNTRY/INTERNATIONAL                                                                                                                                                                                                                                                                                                                                                                      | APPLICAT                                                                                                                   | TON NUMBER                                                                                                                      | DATE OF FILING<br>(Day, Month, Year)                                                                                                   | PRIORIT<br>CLAIME                                                                    |                           |  |  |  |
| NONE                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                            |                                                                                                                                 |                                                                                                                                        | Yes                                                                                  | No                        |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                            |                                                                                                                                 |                                                                                                                                        | Yes                                                                                  | No                        |  |  |  |
| I hereby claim the benefit under Title 35, United Sta<br>claims of this application is not disclosed in the prior<br>acknowledge the duty to disclose material information<br>prior application and the national or PCT internation                                                                                                                                                        | r United States application in<br>on as defined in Title 37, Coo                                                           | the manner provided by the<br>te of Federal Regulations ' 1                                                                     | first paragraph of Title 35 TI                                                                                                         | nited States Code                                                                    | 1112                      |  |  |  |
| APPLICATION NUMBER                                                                                                                                                                                                                                                                                                                                                                         | DATE                                                                                                                       | OF FILING                                                                                                                       | STA                                                                                                                                    | TUS                                                                                  |                           |  |  |  |
| NONE                                                                                                                                                                                                                                                                                                                                                                                       | ļ                                                                                                                          |                                                                                                                                 |                                                                                                                                        |                                                                                      |                           |  |  |  |
| THEREBY APPOINT THE FOLLOWING AS OUR A                                                                                                                                                                                                                                                                                                                                                     | ATTORNEYS WITH FULL P                                                                                                      | OWER OF SUBSTITUTION                                                                                                            | TO PROSECUTE THIS APP                                                                                                                  | PLICATION AND                                                                        |                           |  |  |  |
| TRANSACT ALL BUSINESS IN THE PATENT AND                                                                                                                                                                                                                                                                                                                                                    | REGISTRATION NO                                                                                                            | NNECTED THEREWITH.                                                                                                              | Δς                                                                                                                                     | SSOCIATE POWE                                                                        | ER OE                     |  |  |  |
| W Keith Turner<br>A H Uzzeil                                                                                                                                                                                                                                                                                                                                                               | 26,816<br>27,602                                                                                                           |                                                                                                                                 |                                                                                                                                        | TORNEY ATTAC                                                                         |                           |  |  |  |
| A W Klaassen<br>P L Prater                                                                                                                                                                                                                                                                                                                                                                 | 35,220<br>34,965                                                                                                           |                                                                                                                                 | Yes[]                                                                                                                                  | No [x                                                                                | ĸ]                        |  |  |  |
| A S Zavell                                                                                                                                                                                                                                                                                                                                                                                 | 28,050                                                                                                                     |                                                                                                                                 |                                                                                                                                        |                                                                                      |                           |  |  |  |
| E J Gess<br>M M Hayworth                                                                                                                                                                                                                                                                                                                                                                   | 28,510<br>45,774                                                                                                           |                                                                                                                                 |                                                                                                                                        |                                                                                      |                           |  |  |  |
| T G Dillahunty<br>G F Swiss                                                                                                                                                                                                                                                                                                                                                                | 24,423<br>30.113                                                                                                           |                                                                                                                                 |                                                                                                                                        |                                                                                      |                           |  |  |  |
| W H Benz                                                                                                                                                                                                                                                                                                                                                                                   | 25,952                                                                                                                     |                                                                                                                                 |                                                                                                                                        |                                                                                      |                           |  |  |  |
| SEND CORRESPONDENCE TO                                                                                                                                                                                                                                                                                                                                                                     | E J Gess                                                                                                                   |                                                                                                                                 |                                                                                                                                        |                                                                                      |                           |  |  |  |
| Burns, Doane, Swecker & Mathis LLP<br>P O Box 1404<br>Alexandria, Virginia 22313-1404                                                                                                                                                                                                                                                                                                      |                                                                                                                            |                                                                                                                                 |                                                                                                                                        |                                                                                      |                           |  |  |  |
| I hereby declare that all statements made herein of r<br>further that these statements were made with the kn<br>under Section 1001 of Title 18 of the United States O<br>thereon                                                                                                                                                                                                           | ny own knowledge are true a                                                                                                | and that all statements made                                                                                                    | e are nunishable by fine or im                                                                                                         | angeonment or bo                                                                     | oth.                      |  |  |  |
| FULL NAME OF SECOND JOINT INVENTOR, IF A<br>ANDREW RAINIS                                                                                                                                                                                                                                                                                                                                  | NY                                                                                                                         | SIGNATURE, CO                                                                                                                   | Raini                                                                                                                                  | 3-13-0                                                                               |                           |  |  |  |
| RESIDENCE<br>50 HANSON LANE, WALNUT CREEK, C                                                                                                                                                                                                                                                                                                                                               | CA 94956                                                                                                                   |                                                                                                                                 | CITIZENSHIP USA                                                                                                                        |                                                                                      |                           |  |  |  |
| POST OFFICE ADDRESS<br>(SAME AS ABOVE)                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                            |                                                                                                                                 |                                                                                                                                        |                                                                                      |                           |  |  |  |
| FULL NAME OF SOLE OR FIRST JÓINT INVENTO<br>D J O'REAR                                                                                                                                                                                                                                                                                                                                     | R                                                                                                                          | SIGNATURE                                                                                                                       | 2                                                                                                                                      | 3/14/07                                                                              |                           |  |  |  |
| RESIDENCE<br>40 UPLAND DRIVE, PETALUMA, CA 949                                                                                                                                                                                                                                                                                                                                             | 52                                                                                                                         | · Jy                                                                                                                            | CITIZENSHIP USA                                                                                                                        | <u> </u>                                                                             |                           |  |  |  |
| POST OFFICE ADDRESS<br>(SAME AS ABOVE)                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                            |                                                                                                                                 |                                                                                                                                        |                                                                                      |                           |  |  |  |

[ ] Please see attached continuation page for additional inventors